

CONSENT FOR EVALUATION ☐ **INITIAL EVALUATION** ☐ **REEVALUATION REQUIRING ADDITIONAL ASSESSMENTS**

Date _____

School _____

Student _____

Birthdate _____

Dear Parent or Guardian:

Your child has been referred for an evaluation (or reevaluation) to determine whether your child is (or continues to be) eligible for special education, related services, and supplementary aids and services. If your child is (or continues to be) eligible, the evaluation information will also be used to assist in describing your child's present levels of performance and to decide what special education and other services your child needs. If this consent is for an initial evaluation, you should know that by agreeing to an initial evaluation, you are not consenting for your child to receive special education and related services. If your child is determined to be eligible, a separate consent for the initial provision of special education and related services will be required.

We propose to conduct assessments in the following areas:

AREA TO BE ASSESSED	METHOD(S) THAT MAY BE USED	PURPOSE
<input type="checkbox"/> Audiological	assessments of hearing acuity; tympanogram	To determine how well the student hears
<input type="checkbox"/> Communication	assessments of voice; articulation; receptive and expressive language; auditory processing	To access the student's ability to understand, relate to and use language
<input type="checkbox"/> Vision	assessments of visual acuity; tracking and accommodation; color vision	To determine how well the student sees
<input type="checkbox"/> Academic	readiness tests; achievement tests; skill diagnostic tests	To obtain current levels in pre-reading skills, reading, math, and written expression
<input type="checkbox"/> Adaptive Behavior	observations and ratings for socialization and daily living skills	To determine what the student can do for self and how the student gets along with others
<input type="checkbox"/> Sensory/Motor	assessments of visual perceptual; visual motor; auditory perceptual; fine/gross motor	To determine how well the student can utilize what is taken in by the senses
<input type="checkbox"/> Developmental	developmental scales; school readiness; family and developmental history	To identify environmental factors relevant to school functioning and the developmental stage of behavior
<input type="checkbox"/> Cognitive Ability	assessments of intellectual ability; problem solving	To assess the student's memory and use of information to solve problems and predict achievement
<input type="checkbox"/> Social/Emotional	behavior checklists; projective drawing tests; personality tests; sentence completion tests; interviews	To determine the student's personal, social, and emotional adjustment
<input type="checkbox"/> Assistive Technology	interviews; observations; review of records; functional evaluation in customary environments; testing of equipment/devices	To determine devices and services necessary to increase, maintain, or improve the student's functional capabilities
<input type="checkbox"/> Functional Behavioral Assessment	interviews; observations; analysis of events, settings, and consequences; review of records	To determine the functions of behavior so that inappropriate behavior may be reduced and appropriate adaptive behavior may be promoted
<input type="checkbox"/> Vocational	prevocational and vocational interest inventories	To measure student's interests and abilities relative to occupational preparation

By giving consent, you acknowledge that (1) you have been fully informed of all information relevant to the activity for which consent is sought, in your native language or other mode of communication; (2) you understand and agree in writing to the carrying out of the activity for which your consent is sought, and the consent describes that activity; (3) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (4) you understand that if you revoke consent, your revocation is not retroactive.

I hereby authorize the the _____ (school) to evaluate (or reevaluate) my child. If this is a consent for an initial evaluation, I acknowledge that a copy of the "Special Education Rights of Parents and Children" was given to me when my child was referred for an evaluation.

Parent/Guardian Signature _____

Date _____

(School) Staff Member _____

Date _____